

Eckerd Rapid Safety Feedback Oklahoma Practice Guide 2.0



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History of Eckerd Rapid Safety Feedback

Eckerd's Role in Child Welfare

In Florida, the child welfare system utilizes a unique system of Community Based Care wherein the Florida Department of Children and Families contracts with 20 Community Based Care Lead Agencies that manage the child welfare system in each of the corresponding 20 Judicial Circuits. Eckerd is the Community Based Care Lead Agency in two Judicial Circuits which are comprised of three Florida Counties - Hillsborough, Pasco and Pinellas.

Eckerd manages child welfare services for a family from the time that a child protective investigator has reasonable cause for concern about a child's safety or wellbeing until case closure, whether that means the child is maintained in the home, is reunified with a parent, is adopted, or ages out of foster care. Eckerd subcontracts all of the direct case management and other services to local community partners.

Eckerd also manages a system of continuous quality assurance for all of its 60 operating programs through its headquarters in Clearwater. This allows for an unbiased approach to quality of care.

Eckerd Rapid Safety Feedback® History

Eckerd, already the Community Based Care Lead Agency in Pasco and Pinellas Counties, competed to be and was selected to fulfill the same role in Hillsborough County in 2012, after that community experienced an unprecedented nine child deaths from maltreatment in less than three years in open cases actively receiving services from the prior lead agency. As Eckerd was preparing to assume responsibility for child welfare services in Hillsborough County, it was clear that an approach was needed that would stem the tide of child deaths in open cases.

To accomplish this task, Eckerd conducted a 100% review of the 1,500 open in-home and out-of-home child welfare cases in the county. Additionally, extensive research was conducted on the nine child death cases, including information from the Florida Death Review Coordinator and national child death review data sources. From this review, critical case practice issues were identified that, when completed to standard, could reduce the probability of serious injury or death. Among these case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits.

Now that Eckerd knew what common risk factors to look for, the next step was to determine which cases needed to be reviewed. Eckerd developed a profile of cases with the highest probability of serious child injury or death. These cases had multiple common factors: a child under the age of three, a paramour in the home, substance abuse/domestic violence history, and a parent who had previously been placed in foster care.

Eckerd also had to resolve the issue of lacking access to real time data. The Florida SACWIS system (the state child welfare data system) had limitations in its ability to provide real time data. Therefore, Eckerd contracted with Mindshare, its child welfare technology partner, to provide system overlay software that produces real time data and agency performance dashboards. This allows cases to be mined in real time for the common risk factors identified with cases that have a high risk of child tragedy or death.

How Eckerd Rapid Safety Feedback® Works

Having identified the highest risk cases and the critical child welfare practices necessary to keep children safe, Eckerd launched its Rapid Safety Feedback process in Hillsborough County in January 2013. As part of this process, each of the high probability cases is reviewed by Eckerd quality assurance staff utilizing the Eckerd Rapid Safety Feedback® tool, which focuses on the nine critical case practices.

These cases are reviewed quarterly until case closure, removal of the children from the home, or when the youngest child turns three. If any safety concerns are identified during the review, Eckerd quality assurance staff meets with the case manager and supervisor within one business day to develop a plan to ensure any safety concerns are quickly mitigated, and to provide immediate coaching and support for case management staff. Agreed upon tasks are then tracked to completion by Eckerd quality staff using an automated process that ensures accountability.

Results of Eckerd Rapid Safety Feedback®

The results thus far are remarkable, demonstrated by comparison between baseline data and ongoing case reviews in Hillsborough County:

- No abuse related deaths in the population receiving in home services from Eckerd since implementation of Eckerd Rapid Safety Feedback®.
- 36% improvement in the sharing of critical case information among the various providers (mental health, substance abuse, domestic violence and others) that are assisting the family in the completion of their case plan. This information is used to document the extent of positive behavior change in the family, necessary to ensure child safety.
- 35% improvement in the effectiveness of supervisory reviews and follow-up by case managers on critical tasks that need to be completed, such as safety plans, home studies, and collateral contacts with case stakeholders.
- 25% improvement in the effectiveness of safety plans. For example, plans are more actionable, verifiable and less reliant on parental promises of changed behaviors.
- 22% improvement in the quality of the contacts that case managers have with the families and their children. For example, discussions are focused on real case issues and behavior changes the family is making.

National Recognition

Eckerd Rapid Safety Feedback® is being recognized nationally for its promising results:

- Eckerd has been invited to present information about Eckerd Rapid Safety Feedback® by national child welfare entities such as Casey Family Programs, Child Welfare League of America and the National Association of Social Workers. In addition, the program has been noted in multiple publications.¹

1 John Kelly, "Los Angeles Eyes Florida's Child Fatality Prevention System," *The Chronicle of Social Change* 17 Sept. 2014. <https://chronicleofsocialchange.org/featured/los-angeles-eyes-floridas-child-fatality-prevention-system/8132>

John Kelly, "The Potential of Rapid Safety Feedback," *The Chronicle of Social Change* 18 Sept. 2014. <https://chronicleofsocialchange.org/youth-services-insider/the-potential-of-rapid-safety-feedback/8139>

"Editorial: A better way to protect children," *Tampa Bay Times* 24 Jan. 2014. <http://www.tampabay.com/opinion/editorials/editorial-a-better-way-to-protect-children/2162642>



Innovation in Action



- Eckerd Rapid Safety Feedback® has been identified as a best practice by the Los Angeles County's Blue Ribbon Panel Commission on Child Protection.²
- Casey Family Programs is collaborating with Eckerd to conduct an independent evaluation of this approach as it is being deployed in the early adopting jurisdictions.

Why the ERSF Model?

There is no magical formula to prevent all child fatalities or other tragedies; however by using data to help determine which children are at the highest risk, we can maximize resources available to achieve safe outcomes. The ERSF process is an innovative data-informed approach to Quality Assurance. Most child welfare quality assurance systems have always worked under the same rule of thumb—completion of a retrospective file review after a critical incident or fatality. Case findings were often the same: appropriate case oversight was missing, case stakeholders and professionals involved with the family were not communicating effectively, and emerging dangers were not properly identified, to name a few. The ERSF model provides a proactive approach to QA by changing the trajectory of a case and ultimately improving overall case practice. Reviews are completed in real time, which allows immediate feedback, so intervention can occur before a tragedy occurs. The review focuses on the most critical safety-related issues, instead of traditional reviews with a large volume of questions which are equally weighed. Cases are not randomly chosen; in fact, ERSF reviews target our system's highest risk population.

The ERSF sample in Hillsborough, Pinellas and Pasco counties consists of all in-home cases with a child under 3 years old, prioritized according to safety/risk factors. However, each jurisdiction's sample should be based on risk tolerances and case profiles with a high probability of fatality. The chart below lists the order in which cases are reviewed at Eckerd in Florida.

² The Road to Safety for Our Children: Final report of the LA County Blue Ribbon Commission on Child Protection 4 April, 2014. http://ceo.lacounty.gov/pdf/brc/BRCCP_Final_Report_April_18_2014.pdf page 25.

Order of Priority for Reviews

- New abuse report received on an open in-home case
- Prior physical injury or death of a sibling
- Child added to an open in-home case
- Recent Reunification, Non-Shelter or VPS case
- Teen Mom (if not already captured in the categories above)
- Non-judicial in-home case
- Re-reviews where the last review was 3 months prior
- Remaining cases should be reviewed in ascending order of the child's age

The ERSF focused review is designed to address some known challenges in child welfare. A key decision-making flaw noted in retrospective reviews of child welfare fatalities is that front-line staff tend to have fixed ideas, or biases, of the family or case and have difficulty integrating new or conflicting information into their view of the family. Noted scholar, Eileen Munro, published on this tendency in her article, Common Errors of Reasoning in Child Protection Work:

"The most striking and persistent criticism was that professionals were slow to revise their judgment despite a mounting body of evidence against them" and "professionals become absorbed in present day issues and fail to stand back and place current events into a longer term assessment of the family. This bias can be very powerful in preserving the current risk assessment by obscuring the pattern of behaviour or the frequency with which small worrying incidents are happening." She posited that "the crucial element in strategies to counteract bias is that they involve considering alternative perspectives."³

Part of the role of the ERSF reviewer is to offer this alternative perspective, prompting conversations intended to challenge these biases.

During the ERSF process, the Eckerd quality reviewer completes an independent file review and obtains a neutrally formed decision regarding the case. In fact, the premise of a case staffing is a disagreement between the quality reviewer and the case manager. This diminishes any natural tendencies toward consensus that might also occur as part of traditional case staffing. A staffing is scheduled with the case manager and supervisor only if safety concerns are identified.

Dee Wilson wrote in the "January 2014 edition of The Sounding Board---Controlling Heuristic Biases"⁴: *"Caseworkers and supervisors may be unusually susceptible to heuristic or unconscious biases---they must make decisions regarding child safety quickly, often with inadequate information. Once caseworkers' initial impressions*

³ Eileen Munro "Common Errors of Reasoning in Child Protection Work" published in Child Abuse & Neglect, Vol. 23, No. 8, pp.745-758 1999

⁴ Dee Wilson "Controlling Heuristic Biases" published in The Sounding Board, January 2014

regarding child safety develop into beliefs, confirmation bias ensures that these beliefs will be difficult to change.”

The practice of challenging the deeply held notions of case managers and supervisors utilized in ERSF staffings is one way of improving child welfare practices to offset the susceptibility to bias described above.

Though the request to complete these reviews was originally confined to Hillsborough County (Circuit 13) owing to a history of child tragedies under the previous lead agency, Eckerd expanded its reach into Pinellas & Pasco County (Circuit 6) effective July 1, 2013. This is based on the review’s initial success at reversing this trend and its value as a potential best practice as reported by CMOs and other stakeholders involved in the process.

Coaching & Mentoring

A primary component of the ERSF model is mentoring and coaching child welfare professionals during the staffing process. Child welfare front-line staff and supervisors must constantly use critical decision-making skills as they face the complex needs and issues of the families they serve. “Implementation science researchers claim that ‘human services are far more complex than any other industry’ (Fixsen, Blasé, Naoom, & Wallace, 2009, p.531).”⁵ It is important to keep in mind that rather than in industrial fields where a system change is a new policy or practice, “the practitioner *is* the focus of the change itself.” (Fixsen, et al., 2009). “Evidence-based practices and programs inform when and how they interact with consumers and stakeholders but it is the person (the practitioner) who delivers the intervention through his or her words and actions.”⁶ Through direct interaction with the practitioners themselves, the ERSF quality reviewer is able to influence this change.

Child welfare staff need advanced critical decision-making skills that cannot be taught in a one-time training. According to the National Implementation Research Network, “most skills needed by successful practitioners can be introduced in training but are really learned on the job with the help of a *coach*. Coaches not only expand the knowledge and skills taught in training, they also impart craft knowledge.” (“Coaching: NIRN Project Site”). The ERSF model allows for ongoing coaching for child welfare staff to develop these skills. When the case is staffed between Quality and the child welfare worker and supervisor, the coaching benefits are twofold. First, the quality staff provide case-specific coaching directly to the front-line worker, guiding them to develop critical thinking and problem solving skills, as well as devise action items that can immediately change the trajectory of a case

⁵ The Coaching Toolkit for Child Welfare, Northern California Training Academy, 2012

⁶ “Coaching: NIRN Project Site.” <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/coaching>. National Implementation Research Network. Web.

with regards to the safety of the children the agency is tasked to protect. This is done by asking open-ended questions and allowing the child welfare workers the opportunity to communicate thoughts and ideas with real-time feedback and guidance. The second coaching benefit is that the Quality staff are also able to model for the child welfare supervisors how to effectively coach their own staff to achieve these outcomes. By providing coaching to both the frontline and supervisory child welfare staff, the reviewer and help to reinforce skills that have introduced in which helps the maximize retention practice of these demonstrated by below (from al., 2009).⁷

Implementation Drivers

Training and Coaching

TRAINING COMPONENTS	OUTCOMES % of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use new Skills in the Classroom		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

—Joyce and Showers, 2002

Quality supervisor ideas and been trainings, workforce and ongoing skills, as the table Fixsen, et

According to the Coaching Toolkit for Child Welfare Practice, “a key adult learning strategy is the act of reflection. Reflection or self-inquiry is based on the belief that learners can improve by consciously and systematically reflecting on their work performance.” (“The Coaching Toolkit for Child Welfare Practice” 78). “Ziskin likened clinical practice (one shot training) to learning how to play golf in a dense fog. Hitting the ball has some feeling and immediate effect, but there is no reliable information to help correct the drive. One could labor for years on a fog-bound driving range without demonstrating any improvement in actual golfing skill.” (“The Coaching Toolkit for Child Welfare Practice” 29). Likewise, within the child welfare system, lasting improvements cannot be made in case practice without taking the time to sit down in a coaching environment and analyzing one’s casework with a critical eye. ERSF provides the opportunity for the front-line worker and supervisor to take the time and be challenged to think more critically about their own work, with the intent of making long-lasting improvements in individual case practice.

Some Guidance for Coaching and Mentoring in Social Services Field

- Coaching is most successful when it is voluntary

⁷ D. L. Fixsen, K. Blase, M. Duda, S. Naoom, & F. Wallace, published in “Core Implementation Components. *Research on Social Work Practice*, V19, pp. 531-540, 2009

- Coaching is best when it is separated from supervision and/or performance evaluation.
- Coaching is an ongoing process that requires time; learners must be able to spend time in the learning process.
- Coaching requires an atmosphere of trust and experimentation and a strengths-based learning environment that encourages growth.
- Coaching increases success in the organization. Coaching an individual social worker improves job performance and development while profoundly impacting the success of the child welfare organization. (“The Coaching Toolkit for Child Welfare Practice” 9)

Identifying the Review Sample

Oklahoma Sampling/Review Guidelines

The ERSF Sample in Oklahoma consists of children with an active child welfare intake who return the highest probability in the Mindshare portal of a fatality or near fatality within six months of department involvement. The number of cases reviewed is approximately seven percent of the average total number of accepted intakes in Oklahoma County. If at any time during the review process the child is removed from the parents’ custody, the case no longer qualifies for review.

The case sample is selected through the following process:

1. Each Monday, Wednesday, and Friday (excluding holidays), the quality assurance supervisor or designee identifies and assigns cases for review.
2. All cases listed in the prediction are reviewed in order of priority from highest to lowest assigned probability.
3. In order to achieve the approximately seven percent review sample population, it may be necessary to select additional cases beyond those that meet the threshold of a 50% probability. Some cases below the 50% threshold appear in the prediction and additional cases can be identified if needed by accessing the child selection, which includes the assigned probability for all cases with an active child welfare intake. These cases are reviewed following the cases meeting the 50% threshold and in order of descending probability.
4. At the time that a case is selected for review, the CQI-QA Supervisor notifies the district director responsible for the case, in order that the worker can prepare for case review and possible case consultation.
5. Once assigned, cases receive an initial ERSF review from a trained quality assurance reviewer between the 10th and 12th day following case initiation. A second review is also completed prior to case closure, no later than the fortieth day of the investigation or when all action items have been completed. As stated above, if the child is removed from the parent's custody, the case no longer qualifies for review.

Completing the ERSF Tool

Case Review Time Period:

When a case is selected within the Prediction Distribution, the Child Trace Utility will open:

Child Trace Utility

Report generated on: October 15, 2015, 4:05 pm



CHILD DEMOGRAPHICS		ACTION STEPS			
CHILD ID:	6115792	Action Step	Status	Assigned User	Due Date
CHILD NAME:	[REDACTED]	New Action Step			
PRIMARY RACE:	BLACK/AFRICAN AMERICAN				
HISPANIC:	N				
DOB:	[REDACTED]				
GENDER:	M				
KNOWN TO THE DEPT:	months (-)				
LIVING ARRANGMENT:					
ACTIVE MED:					
DATE MED EFFECTIVE:	[REDACTED]				
MOM MARITAL STATUS:					
PERP IS PARAMOUR:					
HIGH RISK FINDINGS:					
PRIORS:					
SPECIAL NEEDS:					
DEVELOPMENT DISABILITY:					
DATE FINALIZED:	[REDACTED]				

Basic case information is obtained from the case and documented on the ERSF review tool.

This includes:

Child Demographics

- This information is prepopulated by Mindshare

Case Details

The reviewer should review the current investigation, all prior investigations for any household member, and the last six months of the most recent protective services case (if applicable). The following information should be included in the review tool.

- **Types and number of current & previous alleged maltreatments**
 - o This information is prepopulated by Mindshare.
- **Safe Sleep?**
 - o Does the file contain documentation that the parent(s) was informed about safe sleep? This information can be obtained from documentation verifying parents were provided with safe sleep brochures, discussion of safe sleep during the home study process and during home visits with the child(ren).
- **Summary of Noted Strengths**
 - o Strengths observed in the case are documented in this section.

- **Summary of Opportunities for Improvement**

- o Case work areas that need strengthening unrelated to the eight areas on the ERSF tool are documented in this section. Examples include (e.g. ensuring all relevant documents are filed in the case file)

	Date	Reviewer	Summary of Noted Strength
Summary of Noted Strengths			
Summary of Opportunities for Improvement			

[New Survey](#)

**The above will be documented on the 1st page of the Rapid Safety Feedback Review Tool*

The reviewer should then select “New Survey,” which will open a new window with the review questions.

Case Assurance Safety Scorecard	
Question	
1. Is the totality of accessible family history (prior referrals, law enforcement and service records, etc.) sufficiently assessed and utilized in decision making?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <div> <div></div> <div>Additional Notes</div> </div>
2. Are interviews with the family and observations sufficient to identify and respond to present danger and impending danger?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <div> <div></div> <div>Additional Notes</div> </div>
3. Are interviews with the family and observations sufficient to identify protective capacities and respond to deficits appropriately?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA <div> <div></div> <div>Additional Notes</div> </div>
4. Is communication with case stakeholders (collaterals, referred service providers, legal) relevant and sufficient?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

ERSF Questions

1. Is the totality of accessible family history (prior referrals, law enforcement and service records, etc.) sufficiently assessed and utilized in decision making?

Considerations: The reviewer must determine:

- Whether the investigator conducted a comprehensive review of prior DHS history, law enforcement records, prior service records, and other relevant documentation
- Whether the entirety of information reviewed was factored into case decisions

2. Are interviews with the family and observations sufficient to identify and respond to present danger and impending danger?

Considerations: The reviewer must determine:

- Whether all children, parents, alleged perpetrators, and PRFCs are located and interviewed, and whether the interviews are sufficient to provide a clear picture of the family's history and current functioning
- Whether the investigator is seeing the family frequently enough to determine if threats exist
- Whether the investigator assessed the following child vulnerability factors and how they change the impact of safety concerns or danger:
 - o Age
 - o Ability to protect self
 - o Ability to communicate
 - o Role in the family
 - o Behavior or temperament
 - o Visibility to others and access to those who can protect
 - o Any special needs—physical, behavioral or emotional

3. Are interviews with the family and observations sufficient to identify protective capacities and respond to deficits appropriately?

Considerations: The reviewer must determine:

- Whether the parent or guardian who has responsibility of the child has the ability to protect, as evidenced by:
 - o Recognizing the child's needs
 - o Having an awareness of threatening/unsafe circumstances

- o Being stable and demonstrating the ability to intervene when needed
 - o Having a plan to protect the child(ren)
 - If the determination is made that a parent's protective capacity is diminished to the extent they are unable to keep the child safe, whether an appropriate safety plan is developed
4. Is communication with case stakeholders (collaterals, referred service providers, legal) relevant and sufficient?

Considerations: The reviewer must determine:

- Whether the investigator conducted widespread interviewing of neighbors, landlords, relatives, school personnel, law enforcement, and others who could provide timely information pertinent to the assessment of family functioning
 - Whether interviews with collaterals are sufficient to complete a comprehensive assessment of danger/safety threats and parental protective capacities
 - Whether all relevant information is provided to other professionals, such as the court or referred service providers, so that fully informed recommendations and decisions can be made
5. Is a clear link established between the maltreatment and harm (or threat of harm) to the child, as well as a perpetrator identified; if not are efforts to do so sufficient?

Considerations: The reviewer must determine:

- Whether there is a correlation between a parent's actions or inactions and the risk of harm to the child
 - Whether the perpetrator is in a caregiver role
 - Whether any alternative hypotheses or accounts given are sufficiently confirmed or refuted
6. Are safety plans and immediate protective action plans utilized effectively and are external controls sufficient to prevent maltreatment?

Considerations: The reviewer must determine:

- Whether the investigator fully assessed safety concerns and parental protective capacities related to these concerns, to include all known historical information
- Whether plans are well matched to the family's specific needs (e.g. domestic violence, substance misuse)

- If a formal safety plan is needed, does it specify:
 - o What specific safety threats exist?
 - o What action(s) is needed to protect the child(ren) in relation to current safety concerns?
 - o Who is responsible to monitor the plan and how, including frequency?
7. Are appropriate services offered to the family and is follow through ensured?

Considerations: The reviewer must determine:

- Whether the investigator identified services well matched to the family's specific needs and designed to reduce the danger/safety threats
 - Whether the investigator factors current understanding of the dynamics of domestic violence and addiction into decision making for service identification and need for longer term monitoring
 - If service intervention was a determining factor in safe case closure, whether the investigator ensured follow through to the services offered
8. Does the supervisory review identify gaps and provide appropriate and sufficient guidance regarding all of the above? Is accountability to that guidance ensured?

Considerations: The reviewer must determine:

- Whether the supervisor provides timely and ongoing coaching and support to field staff
- Whether each of the eight prior questions relating to child safety is clearly addressed with timely and appropriate direction given to rectify any deficiencies.
- Whether the investigator follows through on recommended actions with urgency

Note: The frequency of supervision between an investigator and supervisor will vary according to jurisdiction; however supervision should occur more frequently if emerging dangers or other safety concerns are identified

Scheduling the ERSF Staffing

After the Continuous Quality Insurance – Quality Assurance Program Field Representative (CQI-QA PFR) completes the review, the case is debriefed with the Continuous Quality Insurance – Quality Assurance (CQI-QA) Supervisor. During this debriefing the CQI-QA PFR provides the rating rationale for each ERSF question. Additional case information such as the family composition, reason for involvement with the child protection system, status of parental behavioral change (or lack thereof) is also discussed. If no safety concerns are identified, the CQI-QA Supervisor sends the ERSF review tool electronically to the Child Welfare Specialist (CWS), Child Welfare Supervisor (CWSIV), District Director and any other parties designated by the DHS. When the ERSF tool is sent, strengths observed in the case review are highlighted in the e-mail as well as opportunities for improvement.

If safety concerns are identified or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled. This staffing is scheduled between the QA team (CQI-QA Supervisor and the CQI-QA PFR who reviewed the case) and the CWS and Child Welfare Supervisor. It is important for the investigations staff to feel comfortable speaking candidly and engaging in the coaching process. For this reason, leadership should not attend this staffing, as their presence may appear punitive.

The ERSF staffing should be held within one business day of determining safety concerns or insufficient information, as described above, may exist. These staffings may occur via phone, which expedites the coordination of all

parties coming together; however it is recommended these staffings occur face to face when possible.

To schedule the ERSF staffing, the CQI-QA Supervisor contacts the Child Welfare Supervisor to determine the availability of both the CWS and Child Welfare Supervisor that day. If the CWS is unavailable then the Child Welfare Supervisor may participate alone; however, if the supervisor (or someone in leadership who has knowledge of the case) is unavailable the staffing should be scheduled for the following business day. ERSF staffings should not occur with only Quality staff and the CWS.

When contacting CWSs and Child Welfare Supervisors to schedule staffings, ensure:

- The objective of the staffing is clearly explained.
- Your tone is upbeat so the message that an ERSF staffing is needed is understood but won't likely create a defensive response or cause them to put up barriers. Never should your tone be accusatory or imply they did something wrong. Some successful techniques are as follows:
 - o Inform the CWS and Child Welfare Supervisor that you have a couple of questions regarding the case that you would like to discuss with them.
 - o Let the Child Welfare Supervisor know their input is invaluable and you are looking forward to having a detailed conversation with them during the staffing.
- You are respectful of their time and schedule.

Once the staffing is scheduled, the CQI-QA Supervisor and CQI-QA PFR will meet or call the CWS and Child Welfare Supervisor at the agreed date and time and location (if an in-person staffing is possible).

The ERSF Staffing

The **goals** of the ERSF Staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome.
- Investigations to utilize the feedback provided by Quality staff to allow for case practice change in real time.

- Quality staff to provide mentoring, coaching and support to investigations staff.

In service of these goals, the ERSF Staffing uses a four step process.

- 1) Debrief of any potential safety concerns and/or emerging dangers with the CWS and Child Welfare Supervisor
- 2) Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified
- 3) Identify who will be responsible for action tasks and assign timeframes for resolution
- 4) Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

This process is not intended to be linear. Rather, positive feedback can be given before launching into potential safety concerns. That being said, every staffing should cover all four steps.

Oftentimes the initial contact between investigations and the Quality team to discuss a case is met with challenges. CWSs may feel the Quality team is trying to catch them doing something wrong. The role of the CQI-QA Supervisor is to ease the anxiety so the CWS feels free to openly discuss the case. To accomplish this, a short dialogue with the CWS and Child Welfare Supervisor is recommended prior to beginning the staffing. This can range from discussing their day to discussing the weather, or even upcoming vacation plans, etc. Please be aware of your audience when engaging in this type of conversation and tailor its length and content appropriately.

The ERSF staffing should be strength-based and the CQI-QA Supervisor and/or CQI-QA PFR should always begin the staffing discussing the good case work practice observed. There is rarely an occasion when no case strengths can be identified. By initially discussing the strengths, the CWS and Child Welfare Supervisor are made to feel their work is appreciated and valued, which ultimately builds ongoing rapport. However, the focus of why the staffing is occurring must remain paramount—to address identified potential deficiencies with safety management. Asking open ended questions to the CWS and Child Welfare Supervisor is the ideal method for engagement and to determine if safety concerns truly exist.

Examples of open ended questions relating to unaddressed parental inadequate supervision identified during a review are provided below:

- Can you tell me how you have addressed the mother leaving the children outside alone while she is inside watching TV?

- Tell me about the mother's current substance use.
- How could we verify the father's account of the incident?

If the CWS and/or Child Welfare Supervisor cannot verbalize how the inadequate supervision is being addressed, the CQI-QA PFR and CQI-QA Supervisor should elicit a discussion of what can be done to ensure the children's safety while they are playing outside. This is the point when the CWS and Child Welfare Supervisor are encouraged to come up with some intervention strategies. It is important for the CQI-QA PFR and Supervisor to allow this process to occur. Often, this results in an awkward, but necessary silence. This struggle is welcome and important, for it is only through this activity that growth and learning occur. In fact, it typically also results in tasks that are more actionable and specific as the CWS and Child Welfare Supervisor have comparatively greater knowledge of family circumstances. Only as a last resort, if the CWS and/or Child Welfare Supervisor can't develop any strategies, the CQI-QA PFR and CQI-QA Supervisor can make some suggestions. If the CWS and Child Welfare Supervisor are in agreement with the feedback provided from the CQI-QA PFR and CQI-QA Supervisor, a plan to execute the intervention is developed. The CQI-QA Supervisor provides the CWS and Child Welfare Supervisor with the opportunity to determine the timeframe of when they will meet with the family to begin implementing the safety intervention (action task) agreed upon, keeping in mind timeframes for completion of action tasks recommended by the CWS and Child Welfare Supervisor must be urgent to mitigate all safety concerns. If these timeframes are not sufficient the CQI-QA Supervisor will assign earlier timeframes.

The CQI-QA Supervisor ultimately makes the determination if an action task or plan should be assigned or not. In some cases the CWS and Child Welfare Supervisor may not have the same concerns as the CQI-QA Supervisor and CQI-QA PFR; therefore the CQI-QA Supervisor is responsible for clearly communicating the rationale for assigning the task. Action tasks assigned should be directly related to *safety* concerns identified in the review and from discussion with the CWS and Child Welfare Supervisor.

Some examples of safety related action tasks include:

- Development of a safety plan to address present danger or impending danger concerns. The safety plan should not be promissory and tasks should be assigned to persons (other than the parent) who are in agreement with the plan.
- Completion of a background checks for household members.
- Contacting the parent's service provider for a robust conversation regarding the parent's participation in substance abuse treatment classes and their current prognosis.

- Completion of a prescription drug pill count or unannounced evening or weekend home visit.

If it is determined during the staffing that a safety concern or question necessitating a no response on the tool has already been resolved independently of the staffing and documentation can be provided to the reviewer promptly, no action item is needed, and the tool may be updated to reflect a yes response.

Tips & Strategies for Successful ERSF Staffings

Be prepared:

- Be familiar with the case including all prior involvement with the child welfare system and previous investigations.
- Have notes readily available during the staffing to refer to.
- Write down questions or safety concerns you want to address with the CWS and Child Welfare Supervisor.
- Ask for clarification if you don't understand something happening in the case.

Listen:

- The CWS and Child Welfare Supervisor are the best resources of information on the family so listen thoroughly as they discuss their experience with the family.
- Encourage the CWS and Child Welfare Supervisor to tell the "family's story."
- Let the CWS and Child Welfare Supervisor come up with solutions and safety interventions for the family.

Be Assertive, but Non-Judgmental

- The CQI-QA Supervisor should be in control of the staffing, but not too "authoritarian."
- The CQI-QA Supervisor should be able to handle different personality types and behaviors.
- The CQI-QA Supervisor has an obligation to stop the staffing and elevate it to the District Director if it is felt a child is in imminent danger and the CWS and Child Welfare Supervisor are not addressing the concerns urgently.

Be Professional

- ERSF Staffings can get contentious and make you feel uncomfortable, however there should never be a power struggle between the Quality team and Investigations---you will receive better results by remaining respectful of others' views.

Use Open-Ended Questions to Elicit Information

- Tell me about...
- How did you come to the conclusion...
- How could we verify...
- Who could provide further information on...
- What would be another way to...
- Help me understand...
- What are your concerns about...
- What would it take...
- What is the plan for...
- What would be a different way to...

Avoid Questions Which May Inhibit Discussion

- Yes/No questions discourage thoughtful explanations
- "Why..." "Did you..." or "Why didn't you..." may put people on the defensive

Actions Following the ERSF Staffing

Following the ERSF staffing, the CQI-QA PFR will document the action steps in the ERSF Dashboard. (Access to the dashboard is found in Mindshare.)

- Notice of action tasks is automatically generated by the Mindshare system at the time of entry to the CWS and any other parties designated by DHS. CWSs will have the opportunity to log into the Mindshare system and view any pending action items.
- The CQI-QA Supervisor will document the staffing in the State Automated Child Welfare Information System. (SACWIS)

➤ *What is documented?*

- The name and title of the persons attending the staffing, which at a minimum should be the CQI-QA Supervisor and CQI-QA PFR, CWS and Child Welfare Supervisor
- Brief summary of safety concerns/emerging dangers
- What mutually agreed action tasks were assigned
- The due dates of the action tasks.

The follow-up to the ERSF Staffing is just as important as the staffing itself. It is vital to ensure that agreed upon tasks are completed within the timeframe assigned.

Tracking ERSF Action Tasks

When the ERSF tool is sent to the CWS and Child Welfare Supervisor the mutually agreed action tasks are listed on the review tool. The CQI-QA PFR is responsible for tracking the completion of assigned action steps. Mindshare has a feature which can send automated “Action Task Reminders” to the assigned CWS and Child Welfare Supervisor once an assigned task

Action Step	Status	Assigned User	Due Date	
<input checked="" type="checkbox"/> PI will contact the mother's substance abuse treatment provider to discuss the mother's participation and prognosis.	COMPLETED	Suzanne Barlow	10/21/2015	[REMOVE]
<input type="checkbox"/> PI will complete a law enforcement and DHS history check on the mother's paramour.	INCOMPLETE	Suzanne Barlow	10/23/2015	[REMOVE]
[New Action Step]				

becomes overdue. During the staffing and written in the body of the e-mail which contains the electronic review tool, the CWS is asked to inform the CQI-QA PFR when their assigned task(s) are complete. If the CWS is unable to complete the action task(s) by the assigned due date, they are encouraged to communicate any barriers with the CQI-QA PFR. The CQI-QA PFR has discretion to extend the due date if warranted.

Once the PI informs the CQI-QA PFR a task is complete the CQI-QA PFR verifies the completion of the task, e.g.--reviewing safety plans, ensuring completed home studies and background screenings are located in the case file. Once verification has been made, the ERSF Dashboard is updated to reflect the task is complete.

Overdue Action Tasks/Accountability Staffing

The CQI-QA PFR should make every effort to follow-up with the PI and/or the Child Welfare Supervisor if an action task has not been completed by the assigned due date. If an attempt to have an overdue action task completed can't be resolved, the CQI-QA Supervisor requests that an Accountability Staffing be scheduled. The Director of Quality will hold an Accountability Staffing with the District Director to discuss the barriers in the completion of assigned action tasks, an explanation of what caused the delay, and an action plan to prevent a recurrence for the agency.

The tone used during Accountability Staffings is deliberately sharp and the opposite of an ERSF Staffing. It is imperative that investigative staff understand child safety is paramount and a justification of why an action task has not been completed is necessary.

ERSF scores are never used punitively; however repeat Accountability Staffings are a warning sign and it is recommended that jurisdictions treat them as such.

Interrater Reliability & Fidelity Reviews

It is critical to ensure interrater reliability is addressed so ERSF review data will be of good quality. All ERSF reviews are completed by a reviewer who has been certified by the local jurisdiction. The following interrater procedures/activities are implemented to ensure consistency among reviewers:

- Cases that are re-reviewed will be completed by alternating CQI-QA PFRs periodically.
- The entire CQI-QA team will independently review multiple cases (3-5 are recommended quarterly) and compare findings (strengths and opportunities for improvement) for consistency.
- Eckerd will review and consult on ERSF review results data on a quarterly basis.
- Once the process has become normalized (following 6 months of reviews) any large score fluctuations such as a 50% improvement in a single month by question or by unit should be viewed skeptically and verified through a secondary review.
- New reviewers should have a 5-10% case sample of their reviews checked by a more senior reviewer to check for scoring agreement and accuracy.
- Eckerd staff will review and debrief one case weekly for the first 6-8 weeks of implementation to ensure interrater reliability and will be available to observe one staffing and one debriefing session for the same period.
- This will continue to be provided as needed following the initial period.

Quarterly Review of ERSF Data

Continuous Quality Improvement (CQI) is vital for the success of the ERSF process. In fact, feedback is “rapid” to staff in two ways. As described above, feedback is given to the front-line within one business day on all case reviews. In addition, feedback is also given to management within 7 days of the end of the quarter (or more frequently if desired) in the form of trend identification and analysis. This is made possible by automated reports, which refresh daily, that reflect all reviews entered in the system. ERSF data is reviewed and stratified by each question to evaluate trends, anomalies, areas in need of improvement and areas of high performance. Then in-person meetings are scheduled with DHS leadership to develop a plan to improve performance. These meetings occur at the DHS offices. The agency is asked to address the areas where they are struggling. When positive trends are observed from a particular unit their performance is shared with all units so learning opportunities can be implemented. Lower performing units are routinely paired with higher performing units so their system processes which have shown to be successful can be duplicated.

In addition, internal In Process Reviews (IPRs) that examine the process itself occur on a quarterly basis to discuss best practices to further enhance the ERSF process.

Sample ERSF Quarterly Report:

The first name in second chances.™



2014-15 Quarter 3

(January 1, 2015-March 31, 2015)

All CMO Eckerd Rapid Safety Feedback Review Summary

	# of Reviews	Applicable Reviews	Units of Risk	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Qtr. 3 Average 7/1/14-3/31/15	Qtr. 2 Average 10/1/14-12/31/14	Qtr. 1 Average 7/1/14-9/30/14
	88	181	117	92.91%	100%	86.33%	87.71%	94.2%	91.73%	87.47%	84.79%	83.23%	88.81%	88.81%	88.81%

	Total Cases Reviewed	Average
Unit 700	7	85.71%
Unit 760	5	100%
Unit 810	5	92.78%
Unit 830	13	92.84%
Unit 840	9	91.98%
Unit 890	5	91.43%
Unit 960	11	84.34%
Total	55	90.61%

ERSF QUESTIONS (All Units)	Qtr1 7/1/14-9/30/14	Qtr2 10/1/14-12/31/14	Qtr3 1/1/15-3/31/15
Question 1- Is safety planning sufficient to risk?	87.23%	88.89%	91.07%
Question 2- Is the case plan individualized for family's needs and related to known dangers?	100%	96.97%	100%
Question 3- Is the parent's behavior change monitored related to these risks?	86.96%	100%	96.35%
Question 4- Is the case manager aware if any emerging dangers? If so, are they followed up on urgently?	90.48%	85%	82.76%
Question 5- Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?	89.36%	94.44%	96.3%
Question 6- Is the quantity of contacts sufficient to ascertain and respond to known threats and emerging dangers?	87.23%	88.89%	92.73%
Question 7- Are background checks/home studies sufficient and responded to appropriately?	88.89%	73.53%	83.67%
Question 8- Is communication with the case stakeholders sufficient to the known dangers and to ascertain if emerging dangers are present (Court, Providers, Collaterals etc.)?	62.16%	85.71%	86.79%
Question 9- Is Does supervision identify concerns in service provision related to all of the above and are recommended actions followed up on urgently?	81.82%	87.88%	83.02%
Average	86.36%	89.82	90.61%

Attachment A

Eckerd Rapid Safety Feedback Review Tool

PERSON ID:

Child Trace Utility

Report generated on: October 15, 2015, 4:05 pm



CHILD DEMOGRAPHICS		ACTION STEPS			
CHILD ID:	6115792	Action Step	Status	Assigned User	Due Date
CHILD NAME:	[REDACTED]	New Action Step			
PRIMARY RACE:	BLACK/AFRICAN AMERICAN				
HISPANIC:	N				
DOB:	[REDACTED]				
GENDER:	M				
KNOWN TO THE DEPT:	months (+)				
LIVING ARRANGMENT:					
ACTIVE MED:					
DATE MED EFFECTIVE:	[REDACTED]				
MOM MARITAL STATUS:					
PERP IS PARAMOUR:					
HIGH RISK FINDINGS:					
PRIORS:					
SPECIAL NEEDS:					
DEVELOPMENT DISABILITY:					
DATE FINALIZED:	[REDACTED]				

Attachment B

Mindshare Dashboard to Select Cases for Review

ICARE PREDICTION FOR CHILD SAFETY

Reporting Period: 11/01/2013 to 07/01/2015

Report generated on: October 15, 2015, 4:03 pm



Back Refresh Main

Client Listing - Prediction Distribution for a Poor Outcome (Safety)																	
#	VICTIM	ESTIMATED PROBABILITY	NUMBER OF REFERRALS	FREQUENCY BETWEEN REFERRALS (DAYS)	REPEAT PERP	AGE AT FIRST REFERRAL	GENDER	SUBSTANCE ABUSE	NEGLECT	PHYSICAL ABUSE	EXPOSED TO VIOLENCE	THREAT OF VIOLENCE	SEXUAL ABUSE	SEVERE SEXUAL VIOLENCE	DATE OF FIRST REFERRAL	DATE OF PREVIOUS REFERRAL	DATE OF RECENT REFERRAL
1	6295678	98.5%	1	0	N	14	M	0%	0%	0%	0%	0%	0%	0%	05/19/2015	05/19/2015	05/19/2015
2	6110090	98.5%	2	0	Y	2	M	0%	0%	50%	33%	0%	0%	0%	12/01/2014	12/01/2014	12/01/2014
3	6113792	98.5%	2	0	Y	0	M	0%	0%	50%	0%	100%	0%	0%	12/05/2014	12/05/2014	12/05/2014
4	6117017	98.5%	2	0	Y	0	F	0%	50%	100%	0%	0%	0%	0%	12/07/2014	12/07/2014	12/07/2014
5	6166027	98.5%	1	0	N	2	M	0%	0%	100%	100%	0%	0%	0%	01/26/2015	01/26/2015	01/26/2015
6	6187993	98.5%	1	0	N	0	F	0%	0%	0%	0%	0%	0%	0%	02/13/2015	02/13/2015	02/13/2015
7	6016417	98.5%	4	70	Y	0	M	100%	0%	67%	0%	0%	0%	100%	09/08/2014	09/28/2014	04/07/2015
8	6179409	98.5%	1	0	N	1	M	0%	0%	100%	100%	0%	0%	100%	02/06/2015	02/06/2015	02/06/2015
9	6241079	98.5%	1	0	N	1	M	0%	50%	100%	0%	0%	0%	0%	04/03/2015	04/03/2015	04/03/2015
10	6275583	98.5%	1	0	N	0	M	0%	0%	0%	0%	0%	0%	0%	05/01/2015	05/01/2015	05/01/2015
11	6237621	98.5%	1	0	N	2	M	0%	0%	0%	0%	0%	0%	0%	04/16/2015	04/16/2015	04/16/2015
12	6171893	96.65%	2	1	Y	0	M	0%	0%	100%	0%	100%	0%	0%	01/30/2015	01/30/2015	01/31/2015
13	6081465	96.65%	2	107	Y	2	M	0%	0%	100%	0%	0%	0%	0%	11/03/2014	11/03/2014	02/18/2015
14	6059884	96.65%	2	1	Y	2	M	0%	50%	100%	0%	0%	50%	0%	12/18/2014	12/18/2014	12/19/2014
15	6042215	96.65%	4	79	Y	1	F	0%	0%	100%	0%	0%	0%	0%	09/29/2014	05/19/2015	05/24/2015
16	6151799	96.65%	3	58	Y	0	F	0%	50%	100%	0%	17%	0%	100%	01/13/2015	01/18/2015	05/09/2015
17	6113099	96.65%	3	35	Y	0	M	0%	17%	100%	0%	0%	0%	0%	12/03/2014	12/10/2014	02/10/2015
18	6136283	96.65%	3	30	Y	0	M	0%	67%	100%	100%	0%	0%	100%	12/28/2014	12/29/2014	02/26/2015
19	4986501	96.65%	4	71	Y	2	M	0%	0%	100%	0%	50%	0%	0%	06/16/2014	09/20/2014	01/15/2015
20	6234392	96.65%	2	4	Y	1	F	0%	100%	100%	0%	0%	0%	0%	03/30/2015	03/30/2015	04/03/2015
21	5306402	96.65%	4	118	Y	1	F	0%	0%	25%	0%	0%	100%	100%	01/23/2014	01/06/2015	01/12/2015
22	6228247	96.65%	2	57	Y	1	F	0%	100%	100%	0%	0%	0%	0%	03/24/2015	03/24/2015	05/20/2015
23	6095416	96.65%	3	39	Y	2	M	0%	33%	100%	100%	50%	0%	0%	11/14/2014	01/30/2015	01/30/2015
24	6225196	96.65%	2	1	Y	2	M	0%	100%	50%	0%	0%	0%	100%	03/22/2015	03/22/2015	03/23/2015

Attachment C

ERSF Core Competencies for Specialists and Supervisors

Specialist

Supervisor

(all Specialist competencies are also Supervisor)

competencies)	
Detailed Oriented <ul style="list-style-type: none"> • Pays attention to detail and strives for perfection without compromising overall productivity 	Coaching & Mentoring <ul style="list-style-type: none"> • Enable others to grow and succeed through feedback, instruction, and encouragement • Motivates team to a high level of production while maintaining overall quality • Uses questions to solicit team and subordinate growth and thinking in a parallel process to ERSF
Critical Thinking and Analysis <ul style="list-style-type: none"> • Makes timely, informed decisions that take into account the system and work unit goals and constraints • Appraises and integrates multiple sources of verbal and written information with practice wisdom • Able to make connections between and synthesize information from multiple sources verbally and in writing. • Able to analyze and articulate the gap between documented practice and quality child welfare practice standards 	Rapport-Building Skills/System Relationships <ul style="list-style-type: none"> • Builds and maintains relationships with others to gain their trust and confidence • Ideal candidates have an existing network of high value relationships within the system of care under review • Engages effectively with multi-system partners from management to the front-line • Builds working relationships characterized by cooperation and mutual respect regardless of position
Organizational Skills <ul style="list-style-type: none"> • Ability to multi-task and prioritize work • Demonstrates preparedness 	Influencing Others/Rapport Building <ul style="list-style-type: none"> • Uses multiple strategies including leveraging the organization's mission to increase team impact
Communication Skills <ul style="list-style-type: none"> • Proficiency in verbal and written communication that includes the ability to comprehend, prioritize, and disseminate to keep others informed. • Proficiency in active listening skills and interpersonal skills • Uses practice questions to solicit growth and thinking in child welfare practitioners • Gives verbal feedback that is clear, descriptive, specific and useful • Offers relevant information or a different perspective on case manager's practice and values in a non-judgmental manner 	Flexibility <ul style="list-style-type: none"> • Adapts to changing work needs, conditions and responsibilities including shifts in management priorities with ease • Able to alter schedules/timeframes when needed and to convey the impact of changes on the work unit and process stakeholders

<ul style="list-style-type: none"> • Able to sincerely articulate observed strengths 	
Technical Knowledge of the Child Welfare System <ul style="list-style-type: none"> • Demonstrates in-depth knowledge of quality child welfare practice standards • Understands systemic barriers to achieving outcomes in the child welfare system and strategies to address them 	Decisiveness <ul style="list-style-type: none"> • Able to make decisions based on the totality of circumstances even if information is incomplete • Comfortable with ambiguity • Willingness to course correct if new information or priorities are identified
Teamwork <ul style="list-style-type: none"> • Promotes cooperation and commitment within a team to achieve goals and deliverables. • Identifies team strengths and opportunities and assigns tasks to maximize strengths and mitigate liabilities 	Conflict Management <ul style="list-style-type: none"> • Helps others resolve complex or sensitive disagreements and conflicts • Quickly identifies and leverages win-win situations • Works well with multiple personality types
Self-Awareness and Development <ul style="list-style-type: none"> • Understands and reflects upon own strengths and limitations and the implications for their professional role. Uses this awareness to modify behavior as appropriate. • Actively solicits feedback, recognizes needed changes and integrates them into performance. Uses self-awareness to modify behavior as required to improve efficacy. 	Professionalism <ul style="list-style-type: none"> • Maintains control of case staffing even when contentious, yet is able to avoid power struggles • Uses appropriate humor to deepen the professional relationship and deflect conflict

Attachment D

ERSF Fidelity Checklist

ECKERD RAPID SAFETY FEEDBACKSM Fidelity Assessment

Date of review: ____/____/____

Date of debrief: ____/____/____

Date of staffing: ____/____/____

Case #: _____

Instructions: Wherever checkboxes are given as an option, check all that apply. All boxes must be checked in order to receive an acceptable or superior rating. If some, but not all boxes are checked, revert to next lower score.

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
Skill level needs significant improvement	Needs Improvement	Acceptable skill level			
1	3	5			
1. <input type="checkbox"/> All items were not reviewed		<input type="checkbox"/> The quality reviewer reviewed the current investigation <input type="checkbox"/> The quality reviewer reviewed all prior abuse reports <input type="checkbox"/> The quality reviewer reviewed the most recent 6 months of any applicable service case			

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
2. <input type="checkbox"/> If any Case Practice Assessment Tool questions are answered with a “No,” comments do not include specific examples which justify the safety concern.		<input type="checkbox"/> If survey questions are answered with a “No,” comments include specific examples to address the safety concern, but may be cursory references with little explanation. <input type="checkbox"/> Responses are sufficient for the reviewer who is already familiar with the case to understand the “no” rating, but an unfamiliar reader would not have sufficient context to justify the rating.		<input type="checkbox"/> If survey questions are answered with a “No,” comments and examples provided clearly address the safety concern. <input type="checkbox"/> Responses are sufficient for the reviewer who was unfamiliar with the case to understand the nature of the concern. <input type="checkbox"/> Responses are comprehensive in nature.	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming <i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No (Must Check all to get a “Yes” Rating) <i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes				
3. <input type="checkbox"/> Child, parent or family strengths and resources. (“Case strengths”) are not summarized in the ERSF tool.		<input type="checkbox"/> Case strengths are generic/routine: not tailored to case specifics.		<input type="checkbox"/> Case strengths are comprehensively summarized in the ERSF tool. Strengths include detailed descriptions of key caseworker or supervisor actions. <input type="checkbox"/> Strengths are identified and articulated even on cases where overall casework needs improvement.	
	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A (because there are no case strengths) Comments/notes				

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<p>4. <input type="checkbox"/> Case opportunities for improvement are not summarized in the ERSF tool.</p> <p>AND/OR</p> <p><input type="checkbox"/> Safety-related notes pertaining to No responses are listed in the Opportunities section instead of under the appropriate question.</p>		<p><input type="checkbox"/> Case opportunities are summarized in the ERSF tool, but minimal details are provided.</p> <p><input type="checkbox"/> Issues identified in the Opportunities for Improvement Section relate only to permanency and wellbeing (safety-related items are captured in the comment section of each review question).</p>		<p><input type="checkbox"/> Case opportunities for improvement are summarized in the ERSF tool in detail.</p> <p><input type="checkbox"/> Issues identified in the Opportunities for Improvement Section relate only to permanency and wellbeing (safety-related items are captured in the comment section of each review question).</p> <p><input type="checkbox"/> Opportunities are individualized and clearly understood by the reader even if unfamiliar with the</p>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming <i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No (Must Check all to get a “Yes” Rating) <i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
				case.	
	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes				
5. <input type="checkbox"/> Quality Reviewer did not debrief the case with Quality Supervisor. AND/OR		<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review, but details are not provided. <i>The pre-staffing/teaming also</i>		<input type="checkbox"/> Quality Reviewer debriefed case with Quality Supervisor after his/her review to include, but not limited to, a discussion of: <input type="checkbox"/> Family dynamics	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<input type="checkbox"/> Safety issues or concerns that are present in the case are not explained to the Quality Supervisor prior to the staffing/teaming with front line.		<i>addresses:</i> <input type="checkbox"/> <i>Strategies to elicit desired responses from participants during the staffing/teaming</i>		<input type="checkbox"/> Reason(s) for referral/report <input type="checkbox"/> Safety concerns <input type="checkbox"/> Current intervention strategies or the lack of sufficient strategies <i>(Note: if not all 4 boxes are checked, skill level would be 4)</i> <i>The pre-staffing/teaming also addresses:</i> <input type="checkbox"/> <i>Strategies to elicit desired responses from participants during the staffing/teaming</i> <input type="checkbox"/> <i>The past history of staffing/teamings with the worker and/or supervisor is considered when creating the</i>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
Highest possible score for this section = 30					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0					
				strategies to elicit desired responses If none, strategies for a first time staffing/teaming are discussed.	
	FINAL ITEM SCORE				
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
	Comments/notes				

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<p>6. After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination:</p> <p><input type="checkbox"/> <i>The need for the staffing/teaming was not based on a “No” response in any of the review tool questions.</i></p> <p><input type="checkbox"/> <i>A no response was ignored and/ or handled through another means such as email.</i></p> <p>AND/OR</p> <p><input type="checkbox"/> <i>A staffing/teaming was scheduled as needed due to a no response, but was held outside of one business day of review.</i></p>		<p>After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination:</p> <p><input type="checkbox"/> <i>The staffing/teaming was needed based on (a) a “No” response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation.</i></p> <p><input type="checkbox"/> <i>A staffing/teaming was scheduled within one business day of review.</i></p>		<p>After obtaining case information from the Quality Reviewer, the Quality Supervisor made a determination:</p> <p><input type="checkbox"/> <i>The staffing/teaming was needed based on (a) a “No” response in any of the review tool questions, or (b) an inability to make a safety determination based on current documentation.</i></p> <p><input type="checkbox"/> <i>A staffing/teaming was scheduled within one business day of review.</i></p> <p><input type="checkbox"/> <i>The tone of the staffing/teaming request struck an appropriate balance between accommodation of front line schedules and the urgency of the safety concerns meriting the staffing/teaming.</i></p> <p><i>The request exhibits the following:</i></p>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
				<input type="checkbox"/> Upbeat (conveys warmth) <input type="checkbox"/> Non-accusatory/does not convey an expression of judgement	
	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes				
Initial Staffing/Teaming					
<i>Highest possible score for this section = 20</i>					
7. The Quality Reviewer and/or Quality Supervisor did not conduct the staffing/teaming according to the model		The Quality Reviewer and/or Quality Supervisor conducted the staffing/teaming according to the model		The Quality Reviewer and/or Quality Supervisor exceeded expectations when conducting the staffing/teaming according to the	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<input type="checkbox"/> Perceived gaps or limitations in the case assessment or action plans were explained didactically instead of through questions. AND/OR <input type="checkbox"/> Predominantly closed ended questions were used. <input type="checkbox"/> No attempts evident to use rapport building techniques.		<input type="checkbox"/> Some, but not all perceived gaps or limitations were addressed through questions instead of didactic statements. <input type="checkbox"/> Both open ended and closed ended questions were used. <input type="checkbox"/> Some, but not all noted case strengths were validated during the staffing/teaming. <input type="checkbox"/> Composure was mostly maintained during challenging conversation (if applicable). <input type="checkbox"/> Attempts to use rapport building techniques were evident (e.g., appropriate humor, warm and friendly attitude). <input type="checkbox"/> Appropriate balance of		model <input type="checkbox"/> All perceived gaps or limitations were addressed through questions instead of didactic statements. <input type="checkbox"/> Predominantly open ended questions were used. <input type="checkbox"/> All noted case strengths were validated during the staffing/teaming. <input type="checkbox"/> Composure was maintained during challenging conversation (if applicable). <input type="checkbox"/> Attempts to use multiple rapport building techniques were evident (e.g., appropriate humor, warm and friendly attitude). <input type="checkbox"/> Strategic silences were	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming <i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No (Must Check all to get a “Yes” Rating) <i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
		<i>positive and negative reinforcement.</i>		<i>allowed in order to elicit needed responses (if needed).</i> <input type="checkbox"/> <i>Ability to convey shared insight to initially resistant staff was demonstrated (if applicable).</i> <input type="checkbox"/> <i>Appropriate balance of positive and negative reinforcement.</i> <input type="checkbox"/> <i>Creativity and the ability to adjust staffing based on participants’ needs.</i> <input type="checkbox"/> <i>Ensure everyone is familiar with ERSF and explaining as needed. Also giving the investigations staff the opportunity to ask</i>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
				questions.	
	FINAL ITEM SCORE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Comments/notes				
8. The Quality Reviewer and/or Quality Supervisor did not allow the worker and/or supervisor to (a) lead the development of an action plan and (b) the action plan will not mitigate noted safety concerns. <input type="checkbox"/> <i>The action plan did not address all safety concerns.</i> AND/OR		The Quality Reviewer and/or Quality Supervisor did not allow the worker and/or supervisor to (a) lead the development of an action plan and (b) the action plan will not mitigate noted safety concerns. <input type="checkbox"/> <i>The Quality Reviewer/Supervisor provided CPS Supervisor with an opportunity to verbalize their plan to mitigate risk.</i>		The Quality Reviewer and/or Quality Supervisor did not allow the worker and/or supervisor to (a) lead the development of an action plan and (b) the action plan will not mitigate noted safety concerns. For example: <input type="checkbox"/> <i>The Quality Reviewer/Supervisor provided CPS Supervisor with an opportunity to verbalize their</i>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<input type="checkbox"/> <i>The Quality Reviewer/Supervisor did not provide worker/supervisor with an opportunity to verbalize their plan to mitigate risk.</i> <input type="checkbox"/> <i>Action task completion dates were not assigned with appropriate urgency to mitigate the safety concern.</i>		<input type="checkbox"/> <i>Action task completion dates were assigned appropriate to mitigate the safety concern, tailoring timeframes to the urgency of the concern.</i> <input type="checkbox"/> <i>The Quality Reviewer/Supervisor provided suggestions for intervention strategies. Sometimes this occurred before sufficient efforts to elicit an appropriate plan from the worker and supervisor were utilized (if applicable).</i>		<i>plan to mitigate risk.</i> <input type="checkbox"/> <i>Action task completion dates were assigned appropriate to mitigate the safety concern, tailoring timeframes to the urgency of the concern. Action steps were specific and clearly documented.</i> <input type="checkbox"/> <i>The Quality Reviewer/Supervisor only provided suggestions for intervention strategies once sufficient efforts to elicit an appropriate plan from the investigation team were utilized (if applicable).</i> <input type="checkbox"/> <i>The Quality Reviewer/Supervisor sought agreement from the worker and supervisor regarding whether they could carry out the recommended intervention</i>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
Highest possible score for this section = 30					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0					
				strategy and/or safety plan (if applicable).	
				<input type="checkbox"/> Quality Reviewer/Supervisor helped the workers develop action items with specificity and strategies for action step completion.	
	FINAL ITEM SCORE				
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A				
	Comments/notes				

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
<p>9. Safe sleep information was not clearly documented in the case record and the Quality Reviewer/Supervisor did not discuss the need for such.</p> <p><input type="checkbox"/> During the ERSF staffing/teaming, the Quality Reviewer/Supervisor did not inquire about the child’s sleeping arrangements.</p> <p>AND/OR</p> <p><input type="checkbox"/> An action plan was not developed during the staffing/teaming to address safe sleep.</p>		<p>Safe sleep information was not clearly documented in the case record and the Quality Reviewer/Supervisor discussed the need for such.</p> <p><input type="checkbox"/> During the ERSF staffing/teaming, the Quality Reviewer/Supervisor inquired about the child’s sleeping arrangements.</p> <p><input type="checkbox"/> An action plan was developed during the staffing/teaming to address safe sleep.</p>		<p>Safe sleep information was not documented in the case file and the Quality Reviewer/Supervisor discussed the need for such.</p> <p><input type="checkbox"/> During the ERSF staffing/teaming, the Quality Reviewer/Supervisor inquired about the child’s sleeping arrangements.</p> <p><input type="checkbox"/> An action plan was developed during the staffing/teaming to address safe sleep.</p> <p><input type="checkbox"/> The Quality Reviewer and/or Supervisor discussed the importance of safe sleep conversations with families of young children.</p> <p><input type="checkbox"/> The plan included persons of trust to in addition to the caseworker.</p>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
<i>Highest possible score for this section = 30</i>					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
<i>Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0</i>					
	<p>FINAL ITEM SCORE</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Comments/notes</p>				
<p>10. Strengths/Opportunities:</p> <p><input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor did not provide positive feedback regarding overall case strengths during the ERSF staffing/teaming.</p> <p>AND/OR</p>		<p><input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor provided positive feedback regarding case strengths during the ERSF staffing/teaming.</p> <p><input type="checkbox"/> The Quality Reviewer/Supervisor discussed opportunities for improvement with the worker and supervisor during the ERSF staffing/teaming</p>		<p><input type="checkbox"/> The Quality Reviewer and/or Quality Supervisor provided positive feedback regarding case strengths during the ERSF staffing/teaming.</p> <p><input type="checkbox"/> The Quality Reviewer/Supervisor discussed opportunities for improvement with the worker and supervisor during the ERSF staffing/teaming.</p> <p><input type="checkbox"/> Strengths are articulated even</p>	

Skill level needs significant improvement	Needs improvement	Acceptable skill level	Above average skill level	Superior skill level	N/A
1	2	3	4	5	N/A
Pre-Staffing/Teaming					
Highest possible score for this section = 30					
Pre-Staffing/Teaming: Yes or No					
(Must Check all to get a “Yes” Rating)					
Highest possible score for this question= 5; All 3 boxes checked = 5; 1-2 boxes checked = 1; zero boxes checked = 0					
<input type="checkbox"/> Quality Reviewer/Supervisor did not discuss opportunities for improvement with the worker and supervisor during the ERSF staffing/teaming.				<div>on cases where overall casework needs improvement.</div> <div><input type="checkbox"/> Case opportunities were phrased in a strength-based manner which honored the front line worker’s expertise with the family.</div>	
	FINAL ITEM SCORE				
	<div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</div>				
	Comments/notes				

Post-Staffing/Teaming: Yes or No (Must Check all to get a “Yes” Rating) <i>Highest possible score for this section = 5; All 6 boxes checked = 5; 1-5 boxes checked = 1; zero boxes checked = 0</i>		
Skill level needs significant improvement	Needs Improvement	Acceptable skill level
1	3	5
11. <input type="checkbox"/> All items not present		<div><input type="checkbox"/> <i>The action items entered capture all needed actions faithfully.</i></div> <div><input type="checkbox"/> <i>The action items are entered within two business days.</i></div> <div><input type="checkbox"/> <i>Action tasks were tracked to completion as verified by the Quality Reviewer and marked as such in Mindshare.</i></div> <div><input type="checkbox"/> <i>Barriers were addressed within 1 business day of the item’s expiration date, either through extension of timeframes when appropriate or initiation of the accountability staffing/teaming.</i></div> <div><input type="checkbox"/> <i>An accountability staffing/teaming was held if action items were not completed timely.</i></div> <div>AND</div> <div><input type="checkbox"/> <i>Was initiated timely (within 1 business day of a missed action item deadline).</i></div>

Scoring of ERSF Fidelity Tool	
Section	Score
Pre-Staffing/Teaming <i>Highest possible score for this section = 30</i>	
Initial Staffing/Teaming <i>Highest possible score for this section = 20</i>	
Post-Staffing/Teaming <i>Highest possible score for this section = 5</i>	
TOTAL ERSF FIDELITY SCORE	